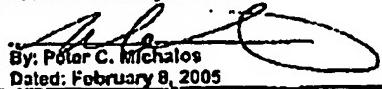


**CERTIFICATE OF FAX TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to Commissioner for Patents, Alexandria, Virginia 22313, Attn: Examiner William M. Brewster at fax no. 703-672-9300 on February 8, 2005.



By: Peter C. Michalos  
Dated: February 8, 2005

**Patent**

Docket No. H60-080 CON  
Firm: Notaro & Michalos P.C.  
Fax: 845-359-7798

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FEB 08 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant :	Jurgen Ramm
Serial No. :	10/621,011
Filing Date :	July 16, 2003
Examiner :	William M. Brewster
Group Art Unit :	2823
For :	STRUCTURAL ELEMENT AND PROCESS FOR ITS PRODUCTION

**Mail Stop AF**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

**AMENDMENT AFTER FINAL AND EXTENSION OF TIME PETITION**

Sir:

The Applicant hereby requests, under 37 C.F.R. 1.136(a), a two (2) month extension of time within which to respond to the Final Action dated September 29, 2004; that is, up to and including February 28, 2005. The Commissioner is hereby authorized to charge Deposit Account No. 14-1431 the fee of \$450.00 for the extension

02/17/2005 TDWAKINS 09000001 141431 10621011

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01 FC:1252 450.00 DA

**REMARKS:**

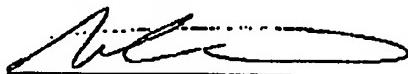
Claims 2-31 are in the case and presented for consideration.

The Applicant thanks the Examiner for the indication of allowability of claim 2 if presented in independent form. Claim 2 has been amended accordingly and is believed to be in condition for allowance along with the remaining claims that depend either directly or indirectly from claim 2.

The Examiner is respectfully invited to telephone the undersigned to expedite the prosecution of this application.

Further favorable action is respectfully requested.

Respectfully submitted,



Peter C. Michalos  
Reg. No. 28,643  
Attorney for Applicants  
845-359-7700

Dated: February 8, 2005

**NOTARO & MICHALOS P.C.**  
100 Dutch Hill Road  
Suite 110  
Orangeburg, New York 10962-2100

Customer No. 21706

PCM:pae

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Substitute for Form PTO-875

Application or Docket Number

10621011

## CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
FOR	NUMBER FILED
BASIC FEE (37 CFR 1.16(a))	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))

SMALL ENTITY

RATE	FE
	\$ _____
X \$ _____	=
X \$ _____	=
+ \$ _____	=
TOTAL	

OR

RATE	FE
	\$ _____
X \$ _____	=
X \$ _____	=
+ \$ _____	=
TOTAL	

OTHER THAN  
SMALL ENTIT

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	Minus	**	=
Independent (37 CFR 1.16(b))	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY

RATE	ADDI- TIONAL FEE
X \$ _____	=
X \$ _____	=
+ \$ _____	=
TOTAL ADD'L FEE	

OR

RATE	ADDITIONAL FEE
X \$ _____	=
X \$ _____	=
+ \$ _____	=
TOTAL ADD'L FEE	

OTHER THAN  
SMALL ENTITY

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	30	Minus	** 31 =
Independent (37 CFR 1.16(b))	1	Minus	*** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____	=
X \$ _____	=
+ \$ _____	=
TOTAL ADD'L FEE	

OR

RATE	ADDITIONAL FEE
X \$ _____	=
X \$ _____	=
+ \$ _____	=
TOTAL ADD'L FEE	

RATE  
ADDITIONAL  
FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	Minus	**	=
Independent (37 CFR 1.16(b))	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____	=
X \$ _____	=
+ \$ _____	=
TOTAL ADD'L FEE	

OR

RATE	ADDITIONAL FEE
X \$ _____	=
X \$ _____	=
+ \$ _____	=
TOTAL ADD'L FEE	

RATE  
ADDITIONAL  
FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.